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AUTHOR Whitcraft, James S.
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ABSTRACT

This teacher's guide presents material suitable for junior and senior high school physical education, health, or home economics classes concerning life cycles and sex education. Unit 1, understanding the self, contains lessons on personality, self-image, defense mechanisms, peer groups, and the conformist. Unit 2, dating, contains lessons on going steady, premarital sex, birth control, abortion, and venereal disease. Unit 3 discusses the engagement period of a relationship. Unit 4, marriage, examines marriage, alternatives to marriage, and divorce. Unit 5, reproduction and the family, explores changes in family structure, the male and female reproductive systems, the menstrual cycle, conception, and pregnancy and childbirth. And unit 6, the end of life, contains a lesson on old age and death. Each unit contains a discussion of the main topic. Each lesson includes questions for discussion and review and student activities. A chart is included providing suggested time allocation for each lesson and suggested teaching notes. (CT)

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State of New Jersey
Department of Education
Division of Vocational Education
and Career Preparation

# Important Topics About Life & Living

James S. Whitcraft, Instructor

Claude S. DiGenova, Project Adviser
Donald Springle, Superintendent
Camden County Vocational-Technical Schools

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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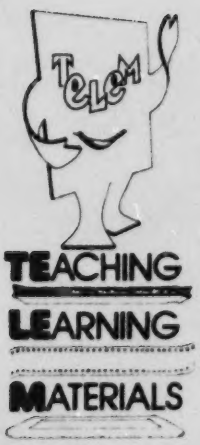


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## To the Teacher

The presentations included in this book are on topics of real importance to teenage boys and girls. Each is simply a rough sketch of the general topic, to be fleshed out by class discussion. The student activities suggested may be done on an individual or class basis. Most of the topics should take two class periods – one for reading and discussion, and the second to continue class discussion and take up student activity questions.

The material covered was originally designed as part of a physical education program, but could be equally well used in a health or home economics class.

The author uses visual aids, particularly video cassettes (both commercial and locally produced), to introduce or reinforce many of the topics taught. A great number of companies put out 16mm and single-concept films in this field, and they are readily available to any school.

## Suggested Allocation of Time

| | Suggested Class Periods | Notes |
|---|---|---|
| **Unit I – Understanding the "Self"** | | |
| Lesson 1 – Personality | 2 | |
| Lesson 2 – Self Image | 2 | |
| Lesson 3 – Defense Mechanisms | 2 | |
| Lesson 4 – Peer Groups | 2 | Suggest use of audiovisual materials. |
| Lesson 5 – The Conformist | 2 | Good time to discuss drugs, smoking, drinking, and other types of conforming behavior. |
| **Unit II – Dating** | | |
| Lesson 1 – Going Steady | 2 | Suggest use of audiovisual materials. |
| Lesson 2 – Premarital Sex | 1 | |
| Lesson 3 – Birth Control | 3 | Include guest lecturer, possibly from Planned Parenthood. |
| Lesson 4 – Abortion | 3 | Hold panel discussion pro and con abortion. |
| Lesson 5 – Venereal Disease | 3 | Suggest use of audiovisual materials. |
| **Unit III – Engagement** | | |
| Lesson 1 – The Engagement Period | 2 | Suggest use of audiovisual materials. |
| **Unit IV – Marriage** | | |
| Lesson 1 – What Is Marriage? | 2 | Suggest use of audiovisual materials. |
| Lesson 2 – Alternatives to Marriage | 1 | |
| Lesson 3 – Divorce | 2 | Suggest use of audiovisual materials |
| **Unit V – Reproduction and the Family** | | |
| Lesson 1 – Changes in Family Structure | 2 | |
| Lesson 2 – Male Reproductive System | 3 | Suggest use of audiovisual materials. |
| Lesson 3 – Female Reproductive System | 2 | Suggest use of audiovisual materials. |
| Lesson 4 – Menstrual Cycle | 2 | |
| Lesson 5 – Conception | 2 | |
| Lesson 6 – Pregnancy and Childbirth | 4 | Suggest use of audiovisual materials. |
| **Unit VI – The End of Life** | | |
| Lesson 1 – Old Age and Death | 2 | Suggest use of audiovisual materials. |

## Unit #1
## Understanding the "Self"

**Lesson #1** **Personality**

---

Understanding your "self" might sound like an easy thing to do, but in fact, it is not. There are so many angles to be considered that the task of learning *why* you do *what* you do, and when and where you do it, is really tough. It is best to study the "self" in parts. Your **personality** is a good reflection of your "self." There are four important things that influence your personality.

One thing that obviously influences your personality is your **genetic makeup.** This means whatever traits you inherited from your parents – for example, your mental abilities and all your physical characteristics. There is nothing you can do to change your genetic inheritance – although you can make up for some inherited weaknesses by real effort on your part.

A second influence on your personality is your **environment** – the people and conditions that surround you as you grow and develop. Here too you have little power to change these conditions while you are growing up.

A third influence on your personality is **your interpretation** of your environment: how you *feel* about the total set of conditions, happenings, and people that surround you. The same incident, for example, may affect different people in very different ways.

A fourth influence on your personality is your **coping behavior.** To "cope" means to deal with and attempt to overcome problems and difficulties. So your coping behavior includes all the adjustments you continually make to achieve a happy existence.

In review then, there are four important forces that influence your personality – your genetic makeup, your environment, your interpretation of your environment, and the ways in which you cope or adjust to your environment. But, what exactly is the "personality"?

Sigmund Freud, a famous doctor who founded the medical specialty of psychoanalysis, described the personality as being made up of three parts, each of which directs actions according to its own needs. These parts, or forces, are the id, the ego, and the superego. These are hard ideas to understand, but let us try.

First we ought to understand the difference between our conscious thoughts and our unconscious. Things we are *aware* of – that we *know about* – are things we are conscious of. You are conscious of reading these words. Things we are *not aware of* but that influence our behavior anyway are in our *unconscious.* For example, you may take an "instant dislike" to a person, without being aware of the fact that the person reminds you in some way of another person who was very mean to you.

According to Freud, the id consists of unconscious needs and wants that we all have. This part of the personality is concerned with fulfilling the body's basic needs and is driven by basic instincts. For example, hunger is a basic need that must be fulfilled if we are to survive. The id, if it could talk, might say *"I want."*

The ego is the conscious part of the personality that acts to delay and change the desires of the id, by taking into account the actual situation. The ego makes most of the decisions as to what type of action a person should take in various situations. For example, a child, in a fit of jealousy, hits her baby brother (at the direction of her id). She feels good when she hits him. Soon, however, she is punished by her parents. In time her ego may take over and she will merely call the baby bad names or take other actions that will not be punished. Her ego has taken the whole situation into account and she has changed her behavior. If it could talk, the ego might say *"I can."*

The id is directed by the pleasures of the body; the ego "takes a broader view" and attempts to gain pleasure from all kinds of self-interest: satisfaction, pride, success, and feelings of superiority and power.

The super ego makes judgments as to what is right or wrong, good or evil. It tends to prevent actions that the id or the ego would take, even when there would be no punishment. The superego could be called your conscience. If it could talk, it would say *"I should."* It is mostly unconscious, but when we feel guilty about something, it is a conscious feeling.

These three forces work together, continually making decisions and forming patterns of behavior based on those decisions. The patterns of behavior are your personality, your "self." To be aware of your personality is to be one step closer to understanding the most important person in your life – your "self."

## Questions for Discussion and Review

1. Why is understanding the "self" such a difficult task?

2. What is a good reflection of a person's "self"?

3. What four factors influence your personality? Discuss each one.

4. Describe the three parts or forces of personality as suggested by Sigmund Freud.

5. Why is an understanding of the "self" useful or necessary?

## Student Activities

1. List what you feel would be considered the basic needs of an individual.

2. How would you suggest that a person improve his/her personality?

3. Which of the influences on personality cannot be controlled to any great extent? Which influences can be controlled to a greater degree?

4. What do you think would be considered a *good* personality?

**Lesson #2** **Self-Image**

---

Have you ever heard the words "Who am I?" At first this sentence may appear to be a ridiculous one. "Of course I know who I am," you may say. "I'm Susie Jackson"; "I'm John Smith." But a little thought suggests that you are more than just a name. The question is then "How do I find out *who I am*?"

One sure way to start answering this question is to take an honest look in the mirror. What do you see? How do you *feel* about what you *see*? A large part of your "self-image" – *how you see yourself* – depends on your feelings about yourself. But it doesn't stop there!

After you have decided how you feel about yourself, ask the question, "How do other people feel about me?" Most of our feelings about ourselves are based upon *how we think others feel about us.* If you go through life constantly being criticized, you probably are not going to be very happy with yourself, even if the criticism is not justified or correct. On the other hand, if you often receive praise for jobs well done, your feelings about yourself will be good.

Once you have developed a good feeling about yourself, you will tend to feel that others feel good about you, too. But if you have developed feelings that you are not a worthy person, you will tend to feel that others feel the same way about you.

It is important to remember that criticism and rejection are sometimes given because of prejudice. Race, religion, nationality, sex, and physical characteristics are often the reasons for unjustified criticism and rejection. Even though a person might realize that s/he doesn't deserve this negative reaction, s/he still might begin to feel less about her/himself.

It is also important to remember that praise and rewards are sometimes given *too* freely. This simply means that a person might be rewarded or "patted on the back" when there was really no reason for it. This can give that person a false idea of his/her worth or importance. We all know people who think much more of themselves than do the people around them.

## Questions for Discussion and Review

1. What are two important factors involved in answering the question, "Who am I?"

2. How do you feel when you are criticized? Why?

3. How do you feel when you are praised? Why?

4. How do you feel when you are criticized when you really don't deserve it?

5. How do you feel when you are praised and you really don't deserve it?

## Student Activities

1. Knowing how you feel when you are praised (when you deserve it), how does this affect your giving praise to others?

2. Knowing how you feel when you are criticized (constructively), how does this affect your giving criticism to others?

3. Knowing how you feel when you are praised (when you know you don't deserve it), how does this affect your giving false praise to others?

4. Knowing how you feel when you are criticized (unfairly), how does this affect your giving "unfair" criticism?

5. Name some situations where false praise is often given.

6. Name some situations where "unfair criticism" is given.

**Unit #1**
**Understanding the "Self"**

**Lesson #3** **Defense Mechanisms**

---

The way that you feel about yourself is very important – so important that you will go to great lengths to keep the feeling that you are a worthy person. In the course of any given day, you must adjust to many situations that will sometimes make it necessary to "defend" your self-image. The situations are varied, and so are the defenses. The following **adjustment mechanisms** or **defenses** are commonly used by all of us.

While we usually think of a "mechanism" as a piece of machinery, the word also means any process or way of getting to the result we want. In this use, the "mechanisms" are in our minds.

It is important to remember that the defense mechanisms themselves are neither good nor bad; they are simply ways of making us feel better about ourselves.

If these defenses are used to extremes, however, personality problems can result. We all know people who refuse to admit that they might be at fault in any way. If not used to extremes, these defenses can be useful in maintaining a good self-image.

1. **Rationalization.** – This is probably the most-used defense mechanism. Rationalization is used when a person must protect his/her self-image from failure or a mistake. A missed fly-ball will be blamed on the sun, a hole in the field, slippery grass, etc; everything except the possible real reason – I just goofed! It is important to remember that a person who is rationalizing *really believes* in the "reason" for the error. That's what "rationalize" means – *to give an acceptable reason for something.*

2. **Projection.** – People who have feelings that they know would be disapproved of by others, will often "attach" these feelings to others – "project" them on others. People who dislike

others because of race, for example, will often say that "those people" are hateful, or "have it in for me," and so on. A fearful person will see others as equally frightened.

Sometimes it is hard to draw a line between projection and rationalization. For example, a student who cheats on a test and feels guilty says, in effect, "It's all right to cheat because everyone else cheats. We are all guilty." This is a combination of projection (of the feeling of guilt) and rationalization ("I have to cheat because everyone else cheats").

3. **Avoidance.** — This is probably the easiest form of defending your self-image; simply avoid unpleasant or threatening situations. That way you will not have to suffer failure. Of course, this is not always possible or advisable. Some things should not or cannot be avoided. Certain responsibilities, however unpleasant, must not be avoided.

   You might feel uneasy about playing an instrument in front of your friends and, as a result of this uneasiness, you will avoid playing for them. This is quite normal. If, however, your confidence in yourself and your abilities is so weak that you continually avoid *all* situations involving your friends, you are not going to be able to get along in any social situation.

4. **Denial of reality.** — This is another mechanism used to protect the self-image from anxiety. Anxiety is continual worrying or fearing, which causes stress (tenseness, strain). Some people avoid stress by simply refusing to see the stress-causing facts.

   For example, a person who has to travel by plane may avoid stress and anxiety by simply denying that it is possible for the plane to crash. This sort of denial is subconscious for the most part. Such denial is a useful mechanism for coping with the many dangers of existence. For instance, it would be awful to have to worry about falling trees, earthquakes, lightning, and other possible dangers, so when possible, we "just don't think about them."

   On the other hand, a person who is aware of a health problem but refuses to go to a doctor is denying the existence of the problem and possibly endangering his/her life. Similarly, at times people refuse to recognize real dangers that can and should be recognized. Jumping into shallow, murky water, walking on thin ice, going out in freezing weather without proper clothing: these are dangers that should be recognized, not denied.

5. **Repression.** — When something happens to make you feel guilty, ashamed, or fearful, you may protect your self-image by repressing the memory of it. You completely forget the incident. It lies "buried" in your subconscious. If you got caught cheating on a test and you were terribly embarassed, you might possibly "push it out of your mind." If asked about it, you might actually believe it had never happened.

   A person might for some reason hate a parent. Knowing that such hatred is not acceptable to society, s/he may subconsciously repress not only the emotion of hatred, but the incidents that caused it. To her/himself, s/he may *consciously* feel only love. It is the unconscious feelings, however, that "pop out" in later life, causing all sorts of problems.

6. **Regression.** — This mechanism is used when a person tries to protect his/her self-image by "going back" to an earlier age of his/her life in order to escape the present feelings of anxiety. A person may react to a threatening situation by running away and sulking — the same way that person reacted as a child.

7. **Fixation.** — This mechanism is related to regression but, instead of the person's going back to a previous age or maturity level, a "fixated" person "freezes" at one level and never advances. Sometimes people become fixated only in parts of their personalities.

8. **Displacement.** — A person may have an angry feeling toward someone who is older, or more powerful, or more important (for example, a parent, teacher, or boss). It would seem dangerous to express the anger to that person, so the angry one *transfers* it to some other, innocent party. A child might hit a brother or sister instead of the parent. A worker who has been bawled out by the boss might yell at his/her spouse after work. A child hit or teased by a bully might pull the dog's tail. Some people displace anger to objects, and throw or smash things.

   There is a "scapegoat" theory of prejudice. When people feel that society has "done them wrong" — they may be poor, or unemployed, or living under bad conditions — they look for a "scapegoat" to vent their feelings on. Depending on the situation, they may pick on Jews, or blacks, or foreigners, or even bankers. And they truly believe that this group is the cause of their misery.

9. **Sublimation.** — This is a form of defense that protects the self-image by converting unacceptable or unsatisfied emotions into acceptable and useful activities. For instance, you might get the urge or feeling to beat up your buddy for some reason. You know that isn't acceptable, but you still have this need to be aggressive and hostile in a physical sense. Therefore, to keep from feeling bad about beating up a friend (or enemy for that matter), you might go out for wrestling or football. There it is acceptable to be aggressive.

   A person unsuccessful in winning a response from a loved one might turn to art or poetry to satisfy the emotions that the loved one refuses to satisfy.

In review, these are the most important defense mechanisms that are used to protect our egos or self-images:

1. Rationalization
2. Projection
3. Avoidance
4. Denial
5. Repression
6. Regression
7. Fixation
8. Displacement
9. Sublimation

It is important to remember that *all* of these methods of protecting our self-images are used by most people. None are necessarily "good" or "bad" in themselves. Their "goodness" or "badness" depends upon how often and how intensely they are used.

It is also important to remember that there are other methods of relieving tensions and anxieties that we use more consciously:

1. Physical activity — dancing, sports, etc.
2. Sense activities — music (listening and performing)
   — art (active and passive)
   — drama (acting and watching)
   — movies and TV
3. Eating
4. Smoking
5. Using drugs, alcohol
6. Laughing, crying, cursing
7. Sleeping, resting
8. Thinking, talking, arguing
9. Senseless habits — nail biting
10. Daydreaming — fantasizing

## Questions for Discussion and Review

1. Why are defense or adjustment mechanisms useful?

2. Are these mechanisms bad or abnormal? Explain.

3. Why do you think people use rationalization most as a defense mechanism?

4. How can projection be used in a constructive way?

5. When is it not recommended to avoid situations?

6. Can denial of reality ever be a useful defense mechanism? Explain?

7. How can repression cause further problems?

8. Explain how regression works. Give some examples.

9. What is the difference between fixation and regression?

10. Explain the difference between projection and displacement.

11. Give other examples of displacement.

12. Why is sublimation one of the more socially desirable forms of ego-protection?

13. How does music serve as a means of relieving tension?

14. Why do you suppose a person full of anxiety can become extremely overweight?

15. How does smoking relieve anxiety? Does it really relieve anxiety, or postpone it?

16. How can daydreaming help relieve tension? How can daydreaming cause problems?

**Student Activities**

1. Why do you think it is important to understand "defense mechanisms"?

2. List all nine defense mechanisms discussed and give an example of a "good" use and a "not so good" use of each one.

## Unit #1
## Understanding the "Self"

**Lesson #4** **Peer Groups**

---

No one can exist entirely without other people. "No man is an island," is a saying you might have heard. That is to say, we *need* other people around us, and we need to have others *want us* around. People are social animals who get pleasure and self-worth from relationships with others.

As a result of this need to be accepted, liked, and wanted, we find ourselves acting in certain ways to insure that we are truly accepted by others. The "roles" we play in different groups and different situations are a way of adjusting to the mood of the group to which we want to belong.

Your peers are your equals. In one sense, all teenagers would be considered peers. In the same sense all adults would be considered peers. That is, all teenagers have certain common interests, and all adults have certain common interests.

Your peer groups gain more importance as they become smaller in size and more limited in purpose. True, all teenagers might be considered peers, but you feel no particular loyalty to such a vast group as *all* teenagers. You are, however, more interested in the smaller social groups in your school or around your home.

Within each one of these smaller social groups (which we can call peer groups), the roles of the individuals are well defined.

Generally, a group will have a leader, a co-leader, and followers who assume other roles, depending on the situation. For instance, the "clown," the "agitator," the "objecter," the "scapegoat," are roles commonly assumed by some followers. When a particular role is played continually and exclusively by one member, all the time, that can be considered his/her role. It is important to remember that one person can assume any one of the roles, depending on the set of circumstances at the time.

It is also important to remember that a person can participate in many peer groups at one time, assuming a different role in each. For example, the underachiever in English class might assume the role of the "class clown" to mask a failing performance. But the clown might turn into a leader at 4 o'clock when basketball practice starts, thanks to his/her physical ability and confidence in that ability.

Regardless of the different roles in each group, there is a constant pressure to conform. If one member of a group is not in conformity with the rest, then s/he could be rejected by the group.

What is conformity? We might define it as a change in a person's opinions or actions as a result of pressure from another person or group.

A good example of conforming to group behavior is the use of drugs. If the majority of the group has accepted smoking grass as a part of its normal activities, these people would exert pressure on the remaining members to follow suit – to smoke grass also. The same would apply to alcohol, cigarettes, and so on.

There are good and bad aspects of peer-group conformity. Obviously, peer-group conformity is good when pressure is exerted on members to take part in activities or behave in ways found desirable by our society. Equally clear is that peer-group conformity is bad when the pressures are to take part in socially undesirable activities.

Whatever the case, most people conform to be accepted. It remains the responsibility of the mature person to decide whether or not some types of conformity might be too high a price to pay for group acceptance.

## Questions for Discussion and Review

1. What does the expression "No man is an island" mean?

2. Who are your peers?

3. What are some of the roles people play in groups?

4. What does "being accepted" mean? What does "being rejected" mean?

5. Explain how one person plays different roles in different situations.

## Student Activities

1. List examples of negative peer-group pressure.

2. List examples of positive peer-group pressure.

3. How can you "belong," or be accepted, without totally giving up your own ideals or individuality?

I was thinking in my sleep last night,
and I let my mind go free.
It seems the whole darn world was naked,
(that is, except for me).

At first I hid my face in shame,
I felt strange and out of place,
and then I heard a person say,
"My friend, you have strange taste."

Well, not wanting to look radical,
I took off all my clothes.
And there I stood, stark naked.
And what do you suppose?

I was standing in a crowd of people,
all straining so they could see,
and everyone had clothes on,
(that is, except for me).

And then I heard a person say,
"My friend, you look quite crude,
or haven't you yet realized,
you're standing in the nude!"

Well, it took some time to figure it out,
but my dream became quite clear:
It's not being clothed or naked,
It's being different that I fear!

## Questions for Discussion and Review

1. What is meant by the phrase, "thinking in my sleep"?

2. What did this person "think in his/her sleep"?

3. What final conclusion did this person reach?

4. What does the word "conformist" mean? "Nonconformist"?

5. How did this person conform?

6. Why do we all conform at times?

7. What are some good examples of how we must conform in our world?

8. What does conformance tell us about our "selves"?

9. Why is it important to know your "self"?

10. What exactly is your "self"?

## Student Activities

1. Explain how you might "conform" if you were a visitor in another school, in another country.

2. List some good reasons why it might sometimes be to your advantage *not* to conform.

3. Explain this statement: "There is often much conformity in nonconformance."

Unit #2
Dating

Lesson #2 Going Steady

---

During the teenage years, both your body and your emotions are changing very rapidly. You are going through a sort of in-between time, when all sorts of problems and conflicts arise. Of course you want to be an adult, but at the same time you perhaps hesitate to take on the responsibilities of full adulthood.

What are some of the obvious signs of adulthood? Being "your own boss," drinking alcohol, driving a car, getting a job, smoking cigarettes, voting, and, or course, choosing the person to share your life.

Dating in our society is "going out with" a member of the opposite sex. Some psychologists say it is for the purpose of selecting a mate, while others see dating as simply a form of socializing -- becoming more comfortable with the opposite sex and increasing your enjoyment of social situations.

Whatever the reason, young men and young women do date.

We could compare our present society with older ones and find different ways of dating, but, basically, the desire to be with the other person is the basis of it all.

Dating often leads to **going steady**. This means dating one person only. There are arguments for and against going steady.

If the couple is seeking a deeper relationship by seeing only each other, they might loose contact with their friends and miss many of the activities that are important for social well-roundedness. Many people feel that teenagers are too young to be "that serious."

Another argument against going steady is that the two young people cut down on their contacts with other members of the opposite sex. Some people feel that choosing the right mate (like any other form of selection) depends a lot on the number of experiences a person has had with different people.

Still another argument against going steady comes mostly from parents. They fear that going steady will lead to increased sexual activities. This is especially true of girls' parents. Their fears are often well founded. Studies do show an increase in sexual intimacy among teenagers who go steady.

Arguments *for* going steady are generally offered by teenagers who are already going steady. There are some obvious advantages to going steady, such as always having a date (security), being able to get to know the other person better, and so on.

But one of the best reasons for going steady is to get a little bit closer to understanding the relationship called marriage. If the two people involved are mature enough to handle the responsibilities of going steady, then they can learn a lot that will later help them in the marital relationship.

## Questions for Discussion and Review

1. Why is the teenage period a difficult time of life?

2. Why do young men and women date?

3. What is "going steady"?

4. What are some of the arguments against going steady?

5. What are some of the arguments for going steady?

## Student Activities

1. Pretend you are the parent of a 14-year-old girl. Would you encourage her to go steady? Explain.

2. Pretend you are the parent of a 14-year-old boy. Would you encourage him to go steady? Explain.

3. When do you feel would be the right time for *your* girl or boy to go steady? Explain.

Unit #2
Dating

**Lesson #2** **Premarital Sex**

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The word "sexuality," in common usage, is immediately associated with the act of sexual intercourse. Sexuality, however, involves more than just the physical act. Sexuality refers to the roles of maleness and femaleness that allow men and women to live together successfully. The term "premarital sex," however, does indeed refer to sexual activities before marriage.

There are many words and phrases used to describe the degrees of sexual involvement, "petting," "necking," "making out," "going all the way" – to name a few. These words get outdated quickly, and new ones take their places.

"Making out" generally implies just kissing and holding. "Petting" and "necking" usually mean physical contact that is more involved than kissing but less than intercourse. "Going all the way" or "making love" obviously refer to sexual intercourse.

It is important to remember that sex is a normal desire and vital to the success of the marital relationship.

Sex is also a normal desire before marriage. However, the responsibilities that accompany sexual involvement are too often neglected by unmarried young men and women. Consideration for the partner's emotional state, taking the proper precautions to avoid unwanted pregnancy, and venereal diseases are three of the biggest responsibilities that are commonly overlooked in the heat of passion. Just because sexual desires are normal is no reason to treat sexual activities lightly. Anything so important and enjoyable for two people should involve much careful thought.

Important practical considerations raised by premarital sex are: (1) pregnancy, (2) abortion, (3) illegitimacy, (4) marriage, (5) adoption, and (6) venereal disease. All of these will be discussed later.

In making a decision on whether or not to engage in premarital sex, some other emotional aspects should be considered. For instance, (1) What are the real reasons for your wanting to engage in sexual intercourse? (2) What possible effects will there be on your future relationships and marriage?

## Questions for Discussion and Review

1. What does the word "sexuality" mean?

2. What is premarital sex?

3. What are some of the big responsibilities that should be considered before engaging in sexual intercourse? Are there any other responsibilities you can think of?

4. What are the practical considerations that are associated with premarital intercourse?

5. What are some emotional considerations associated with premarital intercourse?

## Student Activities

1. Express your feelings concerning premarital sexual relations.

2. What advice would you offer your 16-year-old daughter concerning premarital sexual involvement? Your 16-year-old son?

Unit #2
Dating

Lesson #3 — Birth Control

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The "formal" name for birth control is **contraception.**

For married couples, birth control privides an opportunity to intelligently *plan* their families. They will have time to provide for the expenses and needs of the baby. Birth control also enables the couple to enjoy a more relaxed sex life.

For unmarried couples, birth control is (or should be) practiced to *prevent* pregnancy.

While some methods are more reliable than others, all methods of birth control work most of the time, and most methods are inexpensive.

The main idea in birth control is to prevent the male's sperm from getting to the female's egg.

There are several methods used to prevent the sperm's getting to the egg. For the male:

1. Condom (rubber)
2. Withdrawal
3. Sterilization

For the female:

1. "Rhythm" method
2. Foams, creams, jellies
3. The "pill"
4. The I.U.D. (intrauterine device)
5. Diaphragm
6. Sterilization

For both sexes:

1. Abstinence

The following paragraphs describe and explain the use of most commonly used birth control methods.

1. **The condom or rubber.** — This is a mechanical method of birth control. The thin-rubber, tube-shaped device is placed over the man's penis after erection but before sexual intercourse. When the man ejaculates, the sperm is caught in the condom instead of entering the female's vagina and uterus. Condoms can be bought in any drugstore without prescription.

2. **Withdrawal.** — This technique is perhaps the least reliable of all the methods of birth control. The man withdraws his penis from the vagina just before ejaculation, catching the fluid in a towel or handkerchief.

3. **Sterilization (Male).** — For the male, sterilization involves cutting and tying off the vas deferens (the sperm tube). It can be done in the doctor's office inexpensively and almost painlessly. No change in sexual desires takes place, and a man is just as capable of performing sexually as before. The fluid will lack sperm cells, however. The sperm cells are simply absorbed by the body as other unneeded cells are.

4. **The rhythm method.** — This method depends on predicting the time when the egg is in position to be fertilized and result in pregnancy. Couples have intercourse on "safe" days only, when no egg will be fertilized. It is important to remember that, technically speaking, there are no *positively* safe days, only *probably* safe days. This method is relatively unreliable for a number of reasons. We will discuss the "safe days" in Unit 5.

5. **Vaginal foams, creams, and jellies** — These chemical solutions are inserted into the vagina before intercourse. They are called spermatocides because they kill the sperm cells as they enter the vagina. This is a good method but not as reliable as the pill or an IUD. Foam or jelly can be used by the woman while the man uses a condom, as double protection.

6. **The birth-control pill.** — Taken as prescribed, this method is 99.7% effective — the most reliable of the temporary methods. The pill's chemicals keep the female egg from being released. There may be some side effects — a slight nausea, breast tenderness, weight-gain; these may go away on their own, or may disappear if the user switches to another type of pill. In a few cases there have been serious problems, such as formation of a blood clot in the bloodstream. There are some women who should not take the pill, but since it is sold only on a doctor's prescription, the doctor can advise on this.

7. **The intrauterine device (IUD).** — This is a small, plastic device, of which there are various shapes. One is placed in the woman's womb (uterus) by a doctor. IUD's are about 97-98% reliable—so long as they stay in place, but some women cannot use this technique. However, if one type of device causes problems, a different type may work. Some researchers say IUD's work by agitating the uterine wall; the body is fooled into thinking a fertilized egg has been implanted. Therefore, no "other" eggs are released. The cost varies, depending on the doctor.

8. **The diaphragm.** — This device is a thin rubber cup that is covered with a cream or jelly (spermatocide) and inserted into the vagina to cover the cervix, which is the entrance to the uterus. The diaphragm is prescribed by a doctor, in a size to fit the woman, and the doctor instructs on its use. It can be inserted up to 3 hours ahead of intercourse, and is removed at least 6 hours after intercourse. There are no side effects, and the diaphragm does not interfere with sexual pleasure. The cost is about $4 to $8 for the diaphragm itself, plus the cost of the jelly. It is very effective but of course must be used each time.

9. **Sterilization (Female).** — As with males, females can be made sterile (incapable of conceiving) by cutting and tying the uterine tubes. The released egg cells are absorbed by the body. There is no effect on sexual desire or capability. Other, more involved, operations can also make a woman sterile, such as a hysterectomy (removal of the uterus).

10. **Abstinence.** — This means NO INTERCOURSE. This is the safest method of birth control.

## Questions for Discussion and Review

1. What are some reasons for practicing birth control?

2. What is meant by the term "mechanical method"?

3. What are the mechanical methods of birth control for men? For women?

4. What are the chemical methods of birth control?

5. What are the physical methods of birth control?

6. Which methods of birth control are most reliable?

7. In what way is every birth-control method like every other birth-control method?

## Student Activities

At what age do you feel children should be informed about birth control? Explain.

**Lesson #4** **Abortion**

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Abortion is the act of ending a pregnancy before full term. Sometimes the body itself ends a pregnancy "on its own." This is called spontaneous abortion. Other abortions are produced intentionally; some are legal and some are illegal abortions.

Illegal or criminal abortions are performed much less today than formerly, due to the legalizing of many abortions. Illegal abortions are generally done in unsanitary rooms by unprofessional people, using unclean and unsafe methods.

The criminal abortionist's main goal is to cause uterine bleeding by agitating or "stirring up" the uterine walls. Once the bleeding has been started, the uterus generally bleeds until it is empty, resulting in the death of the unborn child. However, many criminal abortions end up unsuccessful. Nature has a fantastic knack for protecting an unborn child. Almost always, the mother ends up in a hospital with infection and severe pains. *The woman who seeks an illegal abortion is risking her life.*

Legal abortions are far less dangerous, because they are conducted in sanitary environments by professionals using proper medical instruments. Any complications are also more easily remedied.

There are different methods used in legal abortion, depending on the length of the pregnancy.

Up to three months, the time of the third missed menstrual period, the "D & C" and the suction curettage are the two most common methods of legal abortion. "D & C" means dilation and curettage. The woman is given an anesthetic, either local or general. The cervix is dilated (stretched with a tool), and the uterus is scraped with an instrument called a curette.

In suction curettage, the cervix is dilated, and a suction tube is put into the uterus, making contact with the sac containing the embryo. Then the material is removed by gentle suction.

After 3 months of pregnancy, the **saline-solution** method is used. An area of the abdomen is anesthetized and a salt (saline) solution is injected through a long needle into the sac containing the fluid and fetus (unborn child). The fetus will die. During the next 24 to 36 hours, the woman will go into labor, and the dead fetus will be passed out of the body through the vagina.

Another method used after 3½ to 4 months is a **hysterotomy**, but this is used only if for some reason the saline-solution method cannot be used. The fetus is removed surgically through a cut made in the abdominal wall and through the uterus. The fetus soon dies because it is too young to be on its own. If this method is used, all future births must be by cesarean section, for fear of rupturing the uterine wound in labor contractions.

Beyond this time, abortions are rarely performed unless there are medical or emotional emergencies.

In those cases, labor is induced, resulting in the death of the child, due to its inability to survive outside the uterus. Labor is most often induced by drugs.

The issue of abortion, whether legal or criminal, will always be a matter of controversy. The main difference of opinion seems to be based on the question of when life actually begins.

Some people feel life begins when the sperm fertilizes the egg (the moment of conception). These people therefore feel that abortion is taking the life of the unborn child or, more bluntly, murder.

Some people feel, however, that life begins at birth, or when the baby can exist on its own.

The opinion a person holds is likely to be based on religious and moral beliefs.

## Questions for Discussion and Review

1. What is abortion?

2. What is the difference between criminal abortion and legal abortion?

3. What does "D & C" mean?

4. What is "suction curettage"?

5. What methods are used during the first three months of pregnancy?

6. What methods are used after three months of pregnancy?

7. What method is used in extreme emergencies in cases of more advanced pregnancies?

## Student Activities

1. Panel discussion on the pros and cons of abortion.

2. Under what circumstances do *you* feel abortion is all right?

3. When do you think life begins?

Unit #2
Dating

Lesson #5 — Venereal Disease

Venereal diseases have been troublesome communicable diseases throughout modern history. Theories vary as to how they started, but many medical historians believe that syphilis was contracted by the men on Columbus' first voyage to the West Indies. In any event, severe epidemics occurred in Italy at the end of the 15th century. Later, the disease spread in America.

Several famous people had or died from VD. Henry VIII of England, Charles VIII of France, Frances I of France, Ivan III of Russia, Cellini, the sculptor, and many others.

The most common venereal diseases, syphilis and gonorrhea, are spread through physical contact, almost always intimate sexual contact. Both diseases can be cured by penicillin if detected in early stages. Only rarely do certain strains crop up that are resistant to pencicillin. For those who are allergic to penicillin, doctors will use one of the mycin drugs.

Slang terms for syphilis are "pox," "stiff," "bad blood," "blues," "haircut," "old toe."

Slang terms for gonorrhea are "clap," "strain," "morning drop," "glut," "the whites."

Syphilis is transmitted during sexual intimacy. The syphilis germ, a spirochete (type of bacterium), invades the body of the sexual partner through tiny abrasions in the skin or mucous membranes.

Gonorrhea is also trasmitted during sexual intimacy. The gonorrhea germ is a gonococcus bacterium, which attacks the mucous membrane of the urogenital tract of the sexual partner.

Mucous membrane tissue can be found inside the nose, mouth, urethra, anus, and vagina. These are all places where such germs can get into the body.

Syphilis can be detected by a test that used to be called a Wasserman test – named after the man who found out that syphilis could be detected by a blood test. It is now called a VDRL test ("venereal disease research laboratory ").

Gonorrhea is detected through a smear and culture test, although progress is being made toward detecting gonorrhea in the blood as well.

## Signs and Symptoms of Syphilis

**First Stage**

The first stage of syphilis is an open sore or "chancre" (pronounced SHANK er) that doesn't itch or hurt. It usually appears on the body at the point where the germs entered; in women particularly it may not be noticed. It usually appears 10 to 90 days after contact with an infected carrier. Most commonly the sore will appear within 21 days. The disease is highly infectious (catching) at this stage. The sore will go away on its own in about two weeks. This does not mean the disease is gone – the person is *still infected.*

**Second Stage**

The second stage of syphilis usually lasts from 6 weeks to 6 months. It may appear before or after the chancre goes away. Symptoms include skin rashes, loss of hair, patches and lesions in mouth and throat, and a general sick feeling, accompanied by headaches, low-grade fevers, chronic sore throats, swelling of lymph glands. These symptoms may come and go, and in some cases last up to a year.

**Third Stage**

This is the "latent" stage, where the disease has no detectable signs. After 2 years the person can no longer infect others, but the germs are hiding in his/her blood, eyes, heart, brain and other organs. They may lie hidden for 10 to 25 years before any damage shows up. But a pregnant woman with syphilis may give the disease to her unborn child. The baby may be born dead or deformed.

**Fourth Stage**

Suddenly the damage appears – possible insanity, blindness, paralysis, deafness, heart disease, death.

## Signs and Symptoms of Gonorrhea

Two to nine days after exposure to an infectious carrier, a male will experience a burning sensation during urination. A discharge of pus may also be present. A female is very likely to have no symptoms at all, although she might notice some urinary discomfort.

Because of the pain, an infected man will usually go to a doctor. A woman, however, may never know she has the disease until it has caused serious damage to her body.

Untreated, gonorrhea can lead to sterility, arthritis, heart disease, possibly blindness, and (rarely) death.

Vinereal-disease transmission can be prevented by taking proper precautions. If the male uses a condom or rubber, he prevents the mucous-membrane contact; this practically eliminates transferring VD from one to the other.

However, there is no sure way of preventing VD if you are a sexually active person. There is no vaccine and no apparent immunity that a person can acquire. A person can be infected over and over again. The only advisable thing to do if you are sexually active is to have frequent checkups.

In this day and age, almost every hopsital emergency room has a VD clinic. Most are open 24 hours, and all are confidential.

## Questions for Discussion and Review

1. What is a communicable disease?

2. How are venereal diseases transmitted (spread)?

3. What is the mucous-membrane tissue, and where is it found?

4. Are syphilis and gonorrhea caused by viruses or bacteria?

5. How are syphilis and gonorrhea detected? Cured?

6. What are the symptoms of syphilis in the first stage? Second stage? Third stage? Fourth stage?

7. What can gonorrhea eventually do to you?

8. What are the necessary precautions a sexually active person should take?

9. What drug can be used to treat syphilis and gonorrhea? What if the person is allergic to that drug?

## Student Activities

1. Explain why people seem to be afraid to go to a clinic or hospital for a blood test or smear.

2. Why is it senseless to suffer from VD?

3. How would you suggest such a disease be controlled?

## Unit #3
## Engagement

**Lesson #1** **The Engagement Period**

"Engagement" refers to the period of time before marriage when couples seek to gain a deeper understanding of one another. Up to this point, the more casual dating relationship has revealed a definite compatability between the man and the woman. Most of the time, the couple simply enjoyed each other's company without getting into serious discussions of important matters affecting marriage.

It is during the engagement period that such matters *should* be discussed. However, too many engagements end up being just planning periods for the marriage ceremonies – the church, the invitations, the gowns, the bridesmaids, the tuxes, the ushers, the flowers, the rings, the photographer, the blood test, the license, the cars, the chauffeurs, the hall, the cake, the caterer, the band, and the honeymoon.

True, these arrangements should be made during the engagement period, but they should be secondary to discussions on vital issues that will affect the happiness and success of the marriage.

What do you discuss with your future spouse during engagement? There is no set list of questions or discussion topics that can be used by engaged couples to insure success and happiness in marriage. But if there were such a list, it would definitely include at least the following areas of discussion:

1. Relatives, future in-laws
2. Friends
3. Sex and birth control
4. Children: how many, what method of delivery, religion, schools, methods and philosophies of raising children
5. Finances, budgets
6. "Job descriptions" (who takes out the trash, does the dishes, etc.)

7. Living quarters: apartment, house
8. Outside activities, together and separate
9. Doctors, family physician, dentist
10. Idiosyncrasies, food likes and dislikes, pets, sleeping on which side of the bed, furniture styles, tv shows, and so on.

It is important to remember that the discussion of these matters does not mean they will all be agreed upon or settled, but it will lead to a better understanding of the other person. If there are conflicts (which is not uncommon), they can be handled more successfully after marriage if they were discussed before marriage.

It is also important to remember that not everything can be discussed or "discovered" before marriage. "Why didn't you tell me this before we got married?" is probably a common phrase used in most marriages. Obviously, communication is necessary after marriage as well as during the engagement period. Couples should be ready to adjust to each other when there are differences without having these differences endanger their relationship.

How long should an engagement be? Most engagements are for six months to one year. One factor is the amount of arrangements that have to be made; other factors might have to do with school or job situations. Some couples don't want big weddings, while others do. Obviously, this affects the length of the engagement.

Above all, it is important to remember that the period of engagement should not be used purely as a planning period for the marriage ceremonies. The main goal is to learn more about the other person. In light of that fact, an engagement period has no set time – for who can tell or predict exactly how long it takes for two people to become sure enough of each other to agree to spend their entire lives together?

Is an engagement ring necessary? Quite simply, the answer is no. A ring is not necessary. It is a traditional gift that "tells the world" about the engagement. However, too much emphasis is often placed on the ring. The size of the stone, the shape of the stone, the cost of the stone, the setting for the stone – all these are sometimes given more importance than the *reason* for the stone!

If the matter can be kept in perspective, much joy can be derived from getting a ring. After all, it is fun to show off a pretty ring, and it is important to have fun.

## Questions for Discussion and Review

1. What is engagement?

2. What are some of the arrangements that must be made during the engagement period?

3. Besides the arrangements, what else should be discussed during the engagement period?

4. Why is it important to discuss such matters before getting married?

5. How long should an engagement period be? Why?

6. What is the purpose of the engagement ring?

## Student Activities

1. List 10 qualities, in order of importance, that *you would find desirable* in a spouse.

2. List 10 qualities, in order of importance, that you think *you should possess* as a spouse.

3. What is meant by "communication"?

4. What is your definition of "love"? of "liking"? of "infatuation"?

## Unit #4
## Marriage

**Lesson #1** **What Is Marriage?**

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Marriage is a **socially sanctioned union** of one or more men with one or more women. In our society, marriage is a socially sactioned union of *one* man with *one* woman. This sytem is called **monogamy. Polygamy** is a system where either mate may have more than one spouse. In some cultures, one man may have many wives; this is called **polygyny** (pol LIJ i nee). In other cultures **polyandry** is practiced; this is an arrangement where one woman has many husbands. We will be concerned here only with monogamy.

In our culture, there are many reasons why people get married. Some couples marry because the woman is pregnant, and our society frowns on pregnancies "out of wedlock." Some couples marry because their parents have arranged it for financial and/or social reasons. Some couples marry because they love each other.

Whatever the reason – and there are probably many more – marriage is a common social arrangement that takes place hundreds of times each day.

Have you ever asked yourself why you want to get married? Sometimes people see marriage as a social requirement – as an expected stage of social development. You're born, you go to school, you become sexually mature, you go out on dates, you get engaged, you get married, you have kids, you grow old, and you die. This seems to be the pattern commonly held in people's minds. Marriage seems to be taken too lightly, as a matter of course, a "social habit." As a result, it is easy to see why so many marriages are not successful.

Obviously, the tremendous number of divorces and separations points this up. Less obvious is the huge number of married partners who stay together merely as a matter of convenience or "for the sake of the children," or for religious reasons. The jokes about marriage, wives, husbands, in-laws, and so on are endless, and topics of humor often reflect real problems in a society.

The first question any person who is planning to get married should ask is "How can I avoid an unhappy marriage?" or, better, "How can I have a good marriage?" Obviously, there are no exact answers to these questions. But certainly a couple can avoid many of the marriage-destroying situations if they want a successful marriage enough to really work for it. Remember that just *caring enough to want the marriage to work* is indeed the first and possibly most important requirement for a good marriage. No marriage is perfect. The marriage gains much of its meaning and worth through the efforts of both partners *toward* perfection.

What make a marriage a good marriage? The following list includes most of the important requirements of a good marriage:

1. It is important that the husband and wife not be too far apart in their educational levels, intellectual interests, and religious beliefs.
2. It is important to respect each other's choice of friends and preferences in amusements and recreation.
3. It is important that personal habits such as drinking and smoking not be excessive.
4. It is important not to be too argumentative.
5. It is important to be affectionate and understanding.
6. It is important to be faithful and forgiving.
7. It is important not to be a constant complainer.
8. It is important not to be lazy.
9. It is important not to be short-tempered.
10. It is important not to constantly criticize.
11. It is important to agree upon matters concerning the raising of children.
12. It is important to be truthful.
13. It is important to be able to make decisions and be responsible.
14. It is important not to be jealous or too possessive.
15. It is important to not be selfish and inconsiderate.
16. It is important not to be too opinionated or narrow-minded.
17. It is important not to be a constant talker.
18. It is important to take care of your physical appearance and personal hygiene.
19. It is important to be in good health and observe good health habits.
20. It is important not to be overly emotional or temperamental.
21. It is important not to be boisterous or loud.
22. It is important not to be too extravagant.
23. It is important to be humble and modest.
24. It is important to have skill in social affairs.

25. It is important to perform your share of **duties and responsibilities.**
26. It is important to **consider your spouse's feelings** when making suggestions for changes.
27. It is important that you **like** your spouse as well as **love** your spouse.
28. It is important to have **outside interests and hobbies** (other than your job) that you and your spouse can share in.
29. It is important to be **well-mannered** and to avoid **abusive or foul language.**
30. It is important to be **generous** and **sharing.**
31. It is important to be **secure** and **successful** in your **occupation.**
32. It is important that you **like** and **respect yourself.**
33. It is important to be **sexually compatible.**
34. It is important to have a **positive outlook on life.**

If each of the partners in a marriage earnestly seeks to reach all of the above goals, the marriage will have a lot better chance of success and happiness than if they simply take their marriage for granted. As you can see, many of the above requirements take *real work.*

A happy marriage does not just happen. It is achieved by both partners' working toward that goal.

## Questions for Discussion and Review

1. What is monogamy?

2. What is polygyny?

3. What is polyandry?

4. What is polygamy?

5. What are some of the reasons why people get married?

6. What are some indications that marriage is often taken "too lightly" in our society?

7. Discuss the many components of a good marriage.

## Student Activities

Why do you think so many marriages fail? List some reasons based on your own observations.

Unit #4
Marriage

**Lesson #2** **Alternatives to Marriage**

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In today's world, things are changing rapidly socially – almost as fast as technologically. There are new and different ideas about practically everything. There are also old and not so different ideas that are just now being recognized and even socially accepted.

Many of these old and new ideas deal with marriage. There are those who say that marriage is not a "viable institution," which simply means it won't work anymore. There are others who say that, due to changes in the family structure, marriage means more now than it ever did before!

There may be truth in both statements, depending on how marriage is viewed.

Some people today are choosing alternatives to marriage – other ways of being together. (Remember, marriage has always been *the* socially accepted union.) Living together, while it is not socially approved, is not as unacceptable to our society as it was in the past.

There are many who say that the responsibilities of living with a person are the same as in marriage. Yet others argue that the relationship is not as solid or stable as the marriage relationship. There are no statistics that can be used to support either argument, only opinions.

Some questions, however, might be raised concerning simply living with a person as an alternative to marriage.

1. What about the children and the social pressures they might suffer?

2. Are there times when a couple *should* feel bound by tradition and ceremony?

Another alternative to marriage is the single life – neither getting married nor living with someone. Reasons for choosing this alternative are many. Possibly a bad experience while dating, or a broken engagement; religious reasons, such as being a priest or nun; being a child of divorced or unhappily married parents; or not being attracted to the opposite sex.

Possibly none of these are the reasons: the person simply does not want to remain with one individual on a permanent basis.

Still another alternative is the contractual marriage. This type of arrangement is relatively new but is gaining popularity in several parts of the country.

The contractual marriage is made *completely* legally binding by means of a written contract drawn up after negotiations between the couple. When they come to an agreement on the terms in the contract, they sign it and have it notarized; it is then held as a legally binding document. Violations of the terms can result in termination of the contract. For instance, it may be written in the contract that the husband washes the dishes on Tuesdays, Thursdays, Saturdays, and every other Sunday, and is allowed to go out by himself at least twice a week. The contract also has an expiration date and option for renewal!

Regardless of the alternative, living successfully and "happily ever after" rarely happens to individuals who don't try to make a situation work, whether they are living with someone, married to someone, or remaining unattached.

## Questions for Discussion and Review

1. What does the word "alternative" mean?

2. What are three alternatives to being married?

3. Discuss the two mentioned questions to be considered regarding living with someone without marriage.

4. What other problems might arise when a couple lives together without marriage?

5. What is contractual marriage?

## Student Activities

1. What differences can you see between living with a person and being married?

2. How would you feel if your son or daughter decided to choose "living with someone" as an alternative to marriage?

3. Do you think it will ever be totally acceptable socially for people to live together and raise families without getting married? Explain.

4. How do you think a contractual marriage would work for you?

Unit #4
Marriage

Lesson #3 — Divorce

Divorce is a process which legally (and generally religiously) ends a marriage. In a fairly recent year (1975) there was one divorce for every two marriages in this country!* The laws governing divorce vary from state to state, but it has been predicted by some that soon a divorce will be as easy to get as a driver's license!

Most common of the reasons used for divorce are adultery, mental and/or physical cruelty, and desertion. However, the "official" reason given is not always the true cause of the divorce.

Any marital relationship is a complicated one, and it is almost impossible to identify a single reason for a breakup: one thing leads to another. Nevertheless, the following situations and factors seem to be most frequently associated with divorce:

1. Teenage marriage, either because of pregnancy or immaturity.
2. Marriage where there are financial difficulties.
3. Interracial marriages.
4. Interreligious marriages.
5. Marriages with unwanted children.
6. Marriages where both husband and wife lack formal education.
7. Marriages where there are sexual inadequacies.

Many people feel that divorces should be easy to get. They feel that two adults that can't get along should not have to suffer together just to honor some social or religious code. Even if children are involved, these liberal-minded individuals feel that children bear less emotional strain in a divorce situation than in a situation where their father and mother are constantly arguing and fighting.

On the other hand, there are those who say the divorce laws should be made more strict. They feel that, if divorces were more difficult to get, married couples would make more of an attempt to work out their problems rather than "run away" from them.

As in the case with any controversial issue, there is truth in both arguments. Each situation is different. In the end it is up to the individual couple involved to decide whether to try to save the marriage or end it in separation or divorce.

* Divorces in 1975: 1,026,000; marriages: 2,126,000.

## Questions for Discussion and Review

1. What is the difference between a separation and a divorce?

2. What is happening to the divorce laws today?

3. What is the current divorce rate?

4. What is the chief argument for liberal divorce laws?

5. What is the chief argument against liberal divorce laws?

6. What are some of the most common situations in marriages that seem to be most often associated with divorce?

7. Do you think there is a connection between the women's liberation movement and divorce? Explain.

## Student Activities

1. Explain why you think there should be strict divorce laws or why you think there should be liberal divorce laws.

2. If your son or daughter were unhappily married, would you want him/her to get a divorce?

3. When do you feel a divorce is definitely to be preferred to remaining married?

## Unit #5
## Reproduction and the Family

**Lesson #1** — **Changes in Family Structure**

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A family is a group of persons united by ties of marriage, blood, or adoption. As used here, the family is a single household unit, its members interacting with each other in their roles as husband or wife, mother or father, son or daughter, brother or sister.

Like so many other parts of our culture and society the family structure has undergone many changes. The most notable changes came during the period of the Industrial Revolution.

Before the Industrial Revolution, the early American family was an almost completely self-sufficient unit, socially and economically. The family was usually "extended" – often including grandparents and sometimes uncles, aunts, and cousins. Survival depended on each person's doing his/her part to meet the needs of the group. Family members each had a relative worth as compared with the others. For example, the men were most important because they did most of the hard labor. Male children who could work came next in rank of economic worth, followed by the women and girls. But each member contributed to satisfying the needs of the others – all "earned their keep."

As far as courting was concerned, romance often took a back seat to the more practical or economic aspects of marriage: being a good worker and having a strong back were assets for the male, while being able to bear children and sew and cook well were assets for women.

In this rural (farm-life) time, the family was the center of all activities. Its members had to grow their own food, produce cloth and make most of their clothes, and build their own homes. Family ties were very strong. There was very little economic movement "up the ladder of success," and little change in social status – at least not until the move westward.

The frontier was attractive to the young man who was tired of life on the farm. This was his chance to get out on his own and make a new life. The move West, however, did not have as great an impact on the family structures as did the Industrial Revolution.

Towns were growing into cities almost overnight, with factories and stores popping up all around. They provided jobs for the young men, taking them off the farms. They also provided jobs for women, and for children of all ages, since maturity and strength were not required for many of the tedious factory jobs.

The era of almost complete self-sufficiency was giving way to a society based on technology. This had important effects on the American family unit.

The young person who left the farm to come to the city now had to earn a wage to pay for food, clothing, and lodging. How much food a family could have, the clothes they could afford, and the type of place they could live in all depended on what they could afford. A family was no longer independent. It depended upon others to provide the essentials of life. These had to be paid for in dollars and cents.

This had an effect on courting as well. No longer was it so important that a man or woman have the physical strength necessary for farming. Romantic attraction gained in importance, tending to outweigh the more economic and practical aspects of mate selection.

The size of the family was affected as well. On the farm, the more hands and backs, the better. In the city, each mouth had to be fed, but the bill had to be paid in cash! Therefore, the size of the family decreased. In 1790 the average household size was 5.8 individuals. By 1900 the number had decreased to 4.8, and by 1970 it was down to 3.1. It may well be lower than that today.

Another factor relating to family size is the change from the extended family (grandma, grandpa, aunts, uncles, etc.) to the "nuclear" family (husband, wife, and children). The reason again is largely economic. A nonworking relative cannot through his/her labor in home or garden, produce enough to pay for food, clothing, and living space.

The roles of the members in the nuclear family changed significantly. No longer was the family a working unit, as on the farm. Now, each member had some time to pursue individual interests and realize personal gains.

The effects of **urbanization** left its mark on the farmer as well. Eventually he had to buy machinery to replace the hand tools and strong backs of his family and hired hands. Eventually many farms became "big businesses."

Even the **feminist movement** can be traced back to the Industrial Revolution. Many women preferred factory work to life on the farm, and most unmarried women (of whom there were many) *had* to go to work to support themselves. With so many women employed for wages or salary, women as a class were gaining greater economic independence.

The beginning of an upward trend in **divorce** was still another result.

The family unit is still changing as a result of the many technological and scientific advances taking place today. Along with these changes come some problems. The family is not so close-knit as it once was. Although the standard of living has improved enormously, both the father and mother must often work to keep up that standard. This makes it more difficult for the family members to be together much. On the other hand, the father no longer dominates the family: decision-making is likely to be a family affair. This also brings problems when opinions differ.

Progress brings change; change usually brings problems. Most of these problems can be solved, or at least made bearable, if the family works together as a team.

## Questions for Discussion and Review

1. Define "family."

2. What movement gave the young people on farms a chance to make new lives for themselves?

3. What effect did the Industrial Revolution have on the family unit?

4. What is a self-sufficient family?

5. What is the "extended" family? What is the "nuclear" family?

6. What was the family size average in 1790? 1900? Now?

7. How can the feminist movement in America be traced to the Industrial Revolution/urbanization era?

8. Why do you think the divorce rate has gone up so much in recent times?

9. Why is it important for the family unit to "work together as a team"?

## Student Activities

1. What are some of the advantages of the extended family?

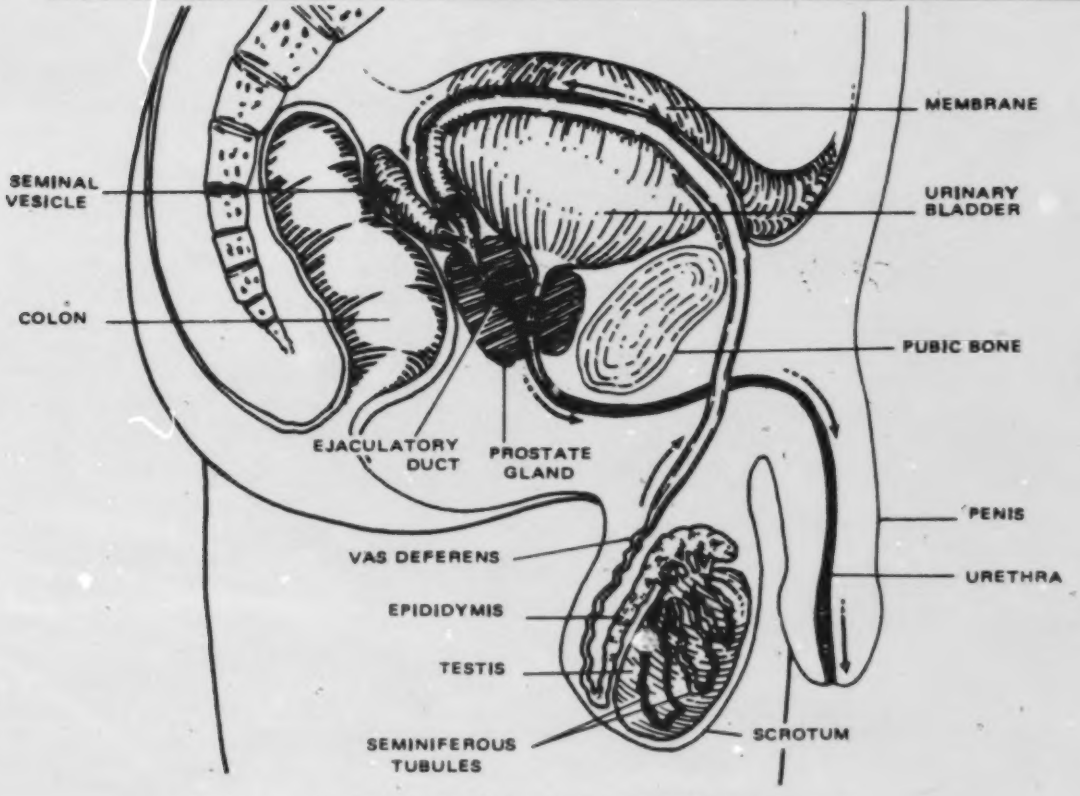
2. What are some of the advantages of the nuclear family?

3. How did the move from the farms to cities affect the choice of a mate?

4. What effects did urbanization have on raising children?

5. What role-changes have taken place in the family unit in recent times?

Lesson #2 — Male Reproductive System




Male reproductive system, showing path of the sperm cells.

Of all the systems of the human body, the male and female reproductive systems are among the most complex. In their functioning, they are truly amazing. They are different from each other in appearance, yet have a number of similarities.

**Internal Organs**

A general term for sex gland, in either male or female, is **gonad**. The male gonads are the two **testes** (which are actually outside the body). The testes are oval-shaped organs about 1 ½ inches in length. Within each testis there are **seminiferous tubules** (literally, tiny tubes that carry semen). These are long, narrow, coiled tubes where the **sperm cells** are made. (If these tubes were stretched out, they would measure a half mile from end to end!) From the time they start to function, these tubules keep forming sperm cells almost continuously.

Next to each testis is a series of ducts or tubes in a long, narrow mass, called the **epididymis**. The sperm cells complete their growth while passing through these ducts and become motile (able to move). From each epididymis runs a long, narrow tube called the **vas deferens**. (When a man has a vasectomy, the vas deferens tubes are cut). The vas deferens is about 18" long; together with arteries, veins, nerves, and some membranes, it is called the **spermatic cord**. The two spermatic cords run from the epididymes up through the inguinal canal in the abdomen, curving around to join the ducts from the **seminal vesicles** and form the **ejaculatory ducts**.

The seminal vesicles are two pouches which lie behind the **bladder** (where urine is stored). The vesicles store the sperm cells until they are released through sexual climax, and they add a fluid to the sperm cells. This fluid helps the sperm cells move better.

On each side, therefore, is an ejaculatory duct. The two ducts enter the **prostate gland**, and then, still within the prostate, join the **urethra**.

In the male, the urethra runs from the bladder out through the end of the penis. It is thus the passageway for both urine and sperm, although obviously at different times.

The prostate gland is a firm organ, about the size of a large chestnut, consisting of both muscular and glandular tissue. It lies below the bladder. It secretes another fluid into the urethra that helps the motility of the sperm and counterbalances the acidity of the vaginal canal.

**External Organs**

The external organs of reproduction in the male are the **penis** and the **testicles** — that is, the testes and epididymes in their pouchlike sac called the **scrotum**. The scrotum hangs between the upper thighs, suspended from the pubic area. The skin of the scrotum has the ability to relax and enlarge or tighten up and contract, in order to control the temperature inside the sac.

Inside the scrotum there is a wall or **septum** that divides one side from the other. Each side supports a testis and an epididymis.

The **penis** is the male organ of **copulation** or sexual intercourse. It consists of a network of muscular tissue, connective tissue, and blood vessels. The normal condition of the penis is soft and relaxed. During sexual arousal, however, blood rushes in and fills the blood vessels, which enlarge and make the penis erect and hard. This is called an **erection.**

The tip of the penis is called the **glans.** When a male baby is born, there is a thin covering of skin around the end of his penis. Removing this surgically is called **circumcision.**

**Semen**

The **seminal fluid, or semen,** consists of

1. Sperms (made in the testes)
2. Secretions of the seminal vesicles, prostate gland, and the bulbo-urethral glands (behind the prostate)

There are some 200 to 400 *million* sperm cells in one **ejaculation** of semen (less than a teaspoonful). Each sperm cell is microscopic in size and is shaped like a tadpole. Only one sperm cell can fertilize a female's egg. The rest die and decompose.

The force needed for expulsion of the semen (ejaculation) is supplied by the contraction of the muscle portion of the prostate gland and a muscle called the bulbo-cavernosus muscle that surrounds the urethra within the penis.

**Testosterone**

In addition to producing sperm, the testes produce the **male sex hormone, testosterone.** This is secreted into the blood supply of the testes and thence to the rest of the body. This hormone is essential for the proper functioning of the reproductive system and also for the male's **secondary sexual characteristics** (beard, voice, body build, etc.).

## Questions for Discussion and Review

1. What is another word for sex gland?

2. What are the ovaries?

3. What are the testes?

4. What are seminiferous tubules?

5. Where is the epididymis?

6. What is the vas deferens?

7. What do the seminal vesicles do?

8. What two functions does the urethra have?

9. What does the ejaculatory duct connect?

10. What does the prostate gland do?

11. What are the two male organs of reproduction that are considered external?

12. Why does the scrotum ascend and descend?

13. What is the septum?

14. What does copulation mean?

15. What is the word used to describe the hard condition of the penis?

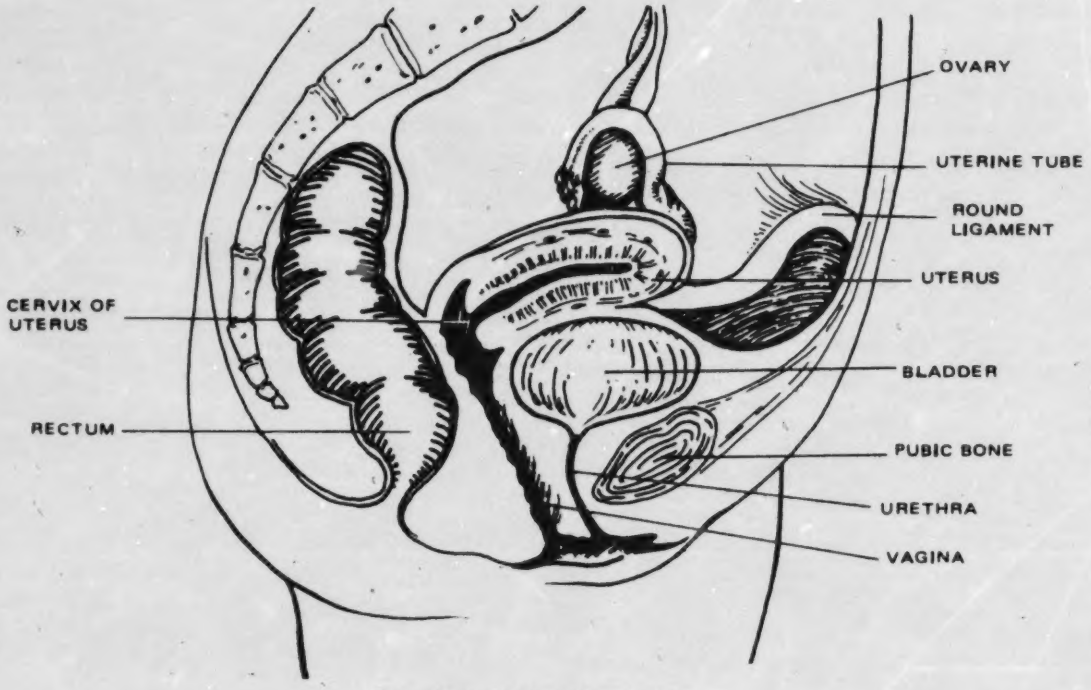
16. What is the tip of the penis called?

17. What is the name of the procedure used to remove the foreskin from the end of the penis?

18. What are the two main components that make up the seminal fluid?

19. Approximately how many sperm cells are there in one ejaculation? How many can fertilize an egg?

20. What is testosterone, where is it produced, and what are its functions in the body?




Female reproductive system

As stated before, the male and female reproductive systems are very different in appearance but have a number of similarities.

Corresponding to the male gonads, the testes, the female has ovaries, which are the female gonads. They are located in the lower part of the abdomen, with one to the left and one to the right side, just below the brim of the pelvis.

Inside each ovary are eggs. They are called ova (a single one is called an ovum). The woman is born with around 50,000 egg cells. Of these, however, only about 400 to 450 get the chance to mature during her lifetime. They lie rather dormant in the ovaries until she reaches puberty (11 to 15 years of age) and continue developing, one a month, until menopause (45 to 50 years).

The ovaries have two functions: (1) to provide a place for the eggs to ripen and mature, and (2) to produce and secrete hormones that regulate menstruation and produce the secondary sex characteristics, such as breast development and growth of pubic hair.

The female reproductive system also has two tubes that are connected to the upper part of the uterus. They are called uterine or fallopian tubes and are 4" to 5" long. Each tube has a trumpet-shaped free end that curves over the top of an ovary but doesn't actually connect to the ovary. There are fingerlike projections at the open end.

Each month an egg in one of the ovaries matures and is released into the pelvic cavity. It finds its way into the uterine tube, aided by the tiny projections at the end of the tube. Conception or fertilization generally takes place in a uterine tube. It takes from 3 to 6 days for the egg to travel to the uterus. If not fertilized, the egg disintegrates and disappears in the tube or in the uterus.

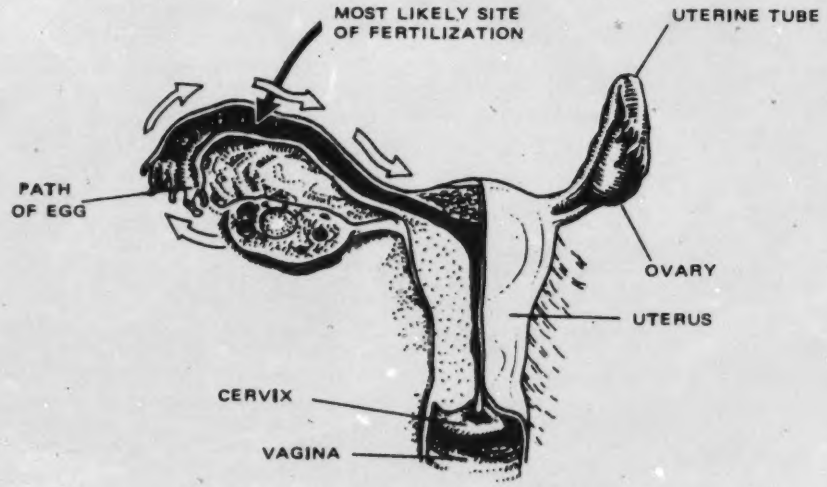



Diagram of female reproductive organs.
*Right ovary and tube are shown in natural position; left half of uterus, ovary, and tube have been "cut open" and spread out.*

Normally, one egg matures and is released or ovulated about every 28 days. The ovaries take turns in the ovulation process – one month the left ovary, the next month the right ovary, and so on.

The **uterus** or **womb** is the central organ of the female reproductive system. This is where the egg will develop into a baby if it is fertilized. The tip or neck of the uterus is called the **cervix**. The uterus is a remarkable organ. Although only about the size of a pear, during pregnancy it becomes large enough to hold a baby plus a considerable amount of fluid. It lies just above and to the rear of the urinary bladder.

The cervix leads into the **vagina**, which serves as the birth canal and is the female organ of copulation or intercourse.

At the lower end of the vagina is a thin fold of mucous membrane called the **hymen**. There is great variation in shape, but usually the hymen forms a border around the opening, allowing the menstrual flow to pass. Generally, the hymen is stretched or broken during the first sexual intercourse. However, in some women, the hymen is rather small or even nonexistent. It is therefore not a positive sign of either virginity or loss of virginity.

**Female Hormones**

The testes of the male produce only one major hormone, testosterone, but the ovaries of the female produce two — **estrogens** and **progesterone**. The estrogens are responsible for the secondary sexual characteristics, and both estrogens and progesterone are responsible for the **menstrual cycle**, which will be discussed in the next lesson.

## Questions for Discussion and Review

1. What are the female gonads and where are they located?

2. What are the two major functions of the ovaries?

3. Where are the uterine tubes and what is their function?

4. How does the mature egg get into the uterine tube?

5. What is another name for the female egg?

6. How often does ovulation take place?

7. What is the function of the uterus?

8. What are two functions of the vagina?

9. What is the hymen?

10. Name and give the functions of the female hormones.

## Student Activities

Compare the male and female reproductive systems. What are the similarities? What are the differences?

**Lesson #4** **The Menstrual Cycle**

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The word "**menstruation**" comes from the Latin word "mensis," which means month. Actually menstruation corresponds more nearly to the 28-day lunar (moon) month than to the calendar month. Approximately every 28 days (this time differs in some women) a woman menstruates, or bleeds from the vagina.

For half a month the uterus has been preparing to receive a fertilized egg. Its lining has become thick, and the blood supply has increased. If the egg has not been fertilized, the lining starts to break down. Small patches of uterine lining start to come off, leaving torn blood vessels. This combination of mucous and blood is the menstrual discharge. The lining of the uterus is called the **endometrium**. The bleeding generally lasts 3 to 5 days (this also varies).

If the egg is fertilized, it implants itself in the uterine wall. The endometrial tissue will not be shed, and menstrual bleeding will not take place. Instead, the tissue will serve as food for the developing embryo during its earliest stages of development. There will be no further menstruation until after the baby is born.

Approximately at the mid-point of the menstrual cycle, ovulation occurs. This is when the ripe egg passes from the ovary into the uterine tube on its way to the uterus. Calling the day when bleeding first starts day #1, ovulation takes place about the 14th day if a woman has a regular 28-day cycle. For a 25-day cycle, ovulation occurs about the 11th day; for a 32-day cycle it occurs about the 18th day. It takes place about *14 days before the beginning of the next menstrual cycle.*

So, to summarize, the lining of the uterus is the "food supply" for the fertilized egg. Once a month, an egg is produced (ovulated) and travels down the uterine tube. If it is fertilized, the food supply remains in the uterus to support it. If it does not get fertilized, a "fresh supply of food" is produced for next month's egg.

Menstruation should not prevent a woman from carrying on her normal daily activities. There might be some slight cramping or discomfort, but it should not be too serious.

Painful menstruation is called dysmenorrhea. If it persists, a doctor should be consulted.

**Menopause** is that stage in the life of a woman when the ovaries stop producing mature eggs. Hence menstruation stops. It is often referred to as the change of life or the climacteric. It can happen any time between the early 40's and the late 50's; the average age is about 47. This is the end of a woman's childbearing years.

## Questions for Discussion and Review

1. Where does the word "menstruation" come from?

2. What is another name for menstruation?

3. What actually is menstruation?

4. What is considered to be day #1 in determining the length of a menstrual cycle? What is the average length of a cycle?

5. When does ovulation occur in any woman with a regular cycle?

6. If the egg is fertilized, what happens inthe uterus? What does not happen?

7. What is dysmenorrhea?

8. What is menopause?

9. Why does a woman in her child-bearing years require more iron in her diet than a man?

## Student Activities

Review the unit on birth control and explain briefly how the rhythm method works.

Lesson #5 — Conception

**Conception** is the uniting of the male's sperm cell with the female's ovum (egg cell). This usually takes place in one of the uterine tubes. The now-fertilized egg travels to the uterus, where it attaches to the uterine wall, literally "eating a hole" in the endometrium by means of juices it secretes, and burying itself in the lining. A new life is on the way.

Occasionally, more than one egg is released from an ovary. If this occurs and the eggs are fertilized, it could result in twins, triplets, or more. Since both the eggs and the sperm are different, these twins are no more alike than any other brothers or sisters. These twins are called **fraternal twins. Identical twins** are born of the *same egg* which, for some reason, splits *after* it has been fertilized. Therefore both egg and sperm are the same for both individuals. Identical twins are just what the name indicates – two people who are alike in every way, including, of course, their sex.

It is important to remember that conception (the meeting of the sperm and egg) takes some timing. The life of a sperm cell, at best, is about three days. The life of an ovum is about two days. If we assume that ovulation takes place on the 14th day of an average 28-day cycle, then there is an overall period of 5 to 6 days when intercourse can result in pregnancy. Remember, the cycle starts on the first day of bleeding. If a man and woman have intercourse on the 11th day of a 28-day cycle, the sperm could possibly live until the 14th day, when ovulation takes place. Conception, therefore, could take place. Obviously, intercourse on the 12th, 13th, and 14th days would increase the likelihood of conception.

Continuing with the same line of reasoning, if the egg is actually ovulated on the 14th day of a 28-day cycle, conception could still take place from intercourse on the 15th day and possibly even on the 16th day, due to the 2-day life-span of the egg.

In review then, because of the possible life of the sperm (3 days) and the egg (2 days) there is a good chance that pregnancy will result from having intercourse on the 11th, 12th, 13th, 14th, 15th, or 16th day of a 28-day cycle.

It is important to remember that these figures are all *estimates* and *averages!* No one can tell for sure *exactly* when ovulation is going to take place from month to month, even though a woman might think she is as "regular" as can be. This is why the rhythm method is so unreliable.

## Questions for Discussion and Review

1. What is conception?

2. Where does the egg generally get fertilized?

3. Where does the fertilized egg attach itself?

4. What are fraternal twins? What are identical twins?

5. What type of twins would Siamese twins be?

6. How long can a sperm cell live?

7. How long can an ovum live?

8. On what days in an average 28-day cycle can intercourse lead to conception?

9. On what days in an average 30-day cycle can intercourse lead to conception?

10. Why is the rhythm method of birth control so unreliable?

## Student Activities

Draw a large circle on a piece of notebook paper and space the numbers 1 through 28* clockwise around the circle, starting with #1 at the top. Put a dot on the circle between each two numbers. Put a dot in the center of the circle. Connect the dots between the numbers on the circle to the dot in the middle of the circle. This will make a pie-like figure with 28 "slices."

* You may change this to some other number representing a complete cycle. In such case, remember that ovulation takes place 14 days *before the start* of the next cycle.

Now color in (or shade in) the first 5 "slices" of the pie. Label that portion "menstruation" or "period."

Now go to the 14th "slice" and shade it in. Label that slice "ovulation."

Now go to the 11th, 12th, and 13th slices and put little dots throughout each slice. Label this "Possible life-span of sperm."

Now go to the 15th and 16th slices. Put lines across each slice. Label this "Life of the ovum."

Now make a bracket below the circle that will connect the 11th slice with the 16th slice. Label this "Days when intercourse can lead to pregnancy." (This does not mean that pregnancy can't take place during the other days of the cycle; it's just not as likely!)

You now have a diagram of the menstrual cycle with the important days of the cycle labeled. Let your teacher check your work.

**Lesson #6** **Pregnancy and Childbirth**

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**Pregnancy**

After conception (the union of the sperm and egg), the fertilized ovum travels to the uterus, where it implants itself and grows. The period of **gestation** (from conception until birth), is 10 lunar months or about nine calendar months (about 280 days).

During the first three months of pregnancy, the unborn baby is called an **embryo**. After three months, the unborn baby is called a **fetus**.

Generally, a woman will think she is pregnant when she misses a menstrual period. A missed period can happen, however, for other reasons. There are many tests for pregnancy, but they are not always reliable. The first positive sign is when the doctor can hear a fetal heartbeat, during the fourth or fifth month. In spite of the above, if a woman who is in good health misses a period or is 10 days or more "late," the chances are that she is pregnant.

The first few months of pregnancy may well be accompanied by slight nausea and discomfort. This is normal. Frequent visits with the doctor are advised, and the mother-to-be should follow the doctor's instructions to insure her health and that of her unborn child.

**Childbirth**

Childbirth can be explained best as three phases:

**Phase 1** This phase lasts anywhere from 8 to 20 hours. It is characterized by dull pains that start from the lower back and move around to the front. Cramps will generally follow, indicating the contraction of the uterus. Once these contractions last a full minute, and happen every few minutes, the second phase of birth has started.

**Phase 2** In this phase, the baby is actually coming down through the birth canal. This generally takes about an hour.

**Phase 3** This starts as soon as the baby emerges. Most babies cry as soon as they're out. After the umbilical cord has been clamped and cut, the doctor checks the eyes, lungs, and heart. The placenta (or afterbirth) is expelled about 15 minutes after delivery.

If the doctor feels that the baby runs too great a risk if allowed to be born naturally, s/he may deliver the baby by surgery through the abdomen. This is called a cesarean section.

There are many different therories on the best technique to use during birth. Should a general anesthetic be used, that "knocks out" the mother completely in the last stages? Should a local anesthetic be used? Then the mother remains conscious and can help expel the baby. Or should no anesthetic be used – the so-called natural childbirth? If this last method, how should the woman prepare for it?

The answers to the questions depend upon a number of things, ranging from the condition of the pregnant mother to the philosophy of the doctors or hospitals involved.

## Questions for Discussion and Review

1. How many days does an average pregnancy last?

2. What is an embryo?

3. What is a fetus?

4. What is the first *possible* sign of pregnancy?

5. What is the first *positive* sign of pregnancy?

## Student Activities

1. Explain the three phases of childbirth.

2. What is a cesarean section? Research the origin of this term.

Unit #6
The End of Life

**Lesson #1** **Old Age and Death**

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**Growing Old**

Aging is a normal process that all of us must experience. However, some people have a more difficult time trying to cope with aging than others.

Aging brings a gradual change in a person's mental and physical condition. Individuals vary in the rate at which they age, but eventually in all people the bothersome signs of middle-age become the limiting facts of old age.

Since aging happens to everyone except those who die young, adjustments are necessary in a person's outlook and activities. The first adjustment for many people is simply realizing that they are "not as young as they used to be."

It is a sad sight to see older individuals who refuse to accept their stage in life and try to act like teenagers!

This does not mean that an older person shouldn't try to be active and vital. It simply means that adjustments are necessary to modify activities and lifestyles. Recapturing youth is, for most people, a fantasy; it probably should remain one.

The trick to successful living is to be happy with your self-image during *all* stages of life. "Accept yourself for what you are" is a trite saying, but good advice nevertheless. Growing old should not be looked upon as a negative part of life.

One of the greatest fears that all of us have is the fear of being left alone and forgotten. This is particularly true of old people. Although in some societies old people are looked up to for their experience in life and their wisdom, in our society the young tend to look down upon old people and ignore them. So to a certain extent the fears of neglect that old people have are justified.

True, the aged may not be able to participate as actively as they once could, but to forget them or exclude them is indeed cruelty. Hard as it is for young people, they should try to "put themselves in the other's place."

**Acceptance of Death of Others**

Another reality of life is death. Regardless of the various religious views of "worlds to come," death as most people view it is the end of this type of existence. Therefore death is rarely a happy occasion.

Loss of life can be due to homicide, accident, sickness, old age, suicide, or disaster of some sort. The exact processes of death are practically unlimited.

What must we think about when discussing death? It is interesting to observe how we, the living, accept certain types of death in comparison with other types. Let's look at some of the considerations that play a part in our reaction to a death.

1. The cause of death.
2. The age of the person when he or she dies.
3. The closeness of our relationship with the one who has died.

For instance, people are generally saddened more by the death of a child than the death of an adult. People are not generally too upset if a convicted murderer is executed. Many other examples could be used to bear out the fact that we tend to be affected by the combination of the age of the person and the circumstances that surrounded the death.

There is no doubt that the death of another hurts the most when it is of someone who was very dear to us.

In the case of an old person who seems destined to die shortly, the family should remember that time spent with a person who is approaching death is a most important time and should not be avoided unless conditions really prevent this. It is all too easy to avoid this responsibility; then one becomes filled with remorse after the death occurs. "If only I had . . ." is a nagging thought that is more difficult to take than spending the time would have been.

Other important considerations for the immediate family include the difficult planning (and sometimes paying) for the ceremonies which follow the death. Religion plays a major role in the ceremonies that take place and where and when they take place.

**Acceptance of One's Own Death**

How do we feel about dying ourselves? What adjustments are necessary for us to make in order to accept the thought of our own death? Accepting the thought of one's

own death can be considered one of the final adjustments necessary for a happy life. People who live in fear of death are losing some of the joy of life.

Some people will suggest that they fear *the way* in which they might die more than death itself. Others will not even discuss the matter, perhaps thinking that if they don't talk about it, it won't happen!

Being able to accept things that cannot be changed is a sign of maturity. Death, at least for now in this day and age, can only at best be delayed, sometimes using life-supporting machines.

Therefore, we must deal with the prospect of our own death intelligently. First, we must accept it. Second, we must make plans to insure that the very least amount possible of burden and responsibility is left for family and friends to bear after our death.

Perhaps we should be more concerned with the "quality" of our existence rather than the "quantity" of our existence?

## Questions for Discussion and Review

1. Why is it important to modify your lifestyle as you grow older?

2. What is meant by the phrase, "recapturing one's youth"?

3. Why is old age looked at with some fear and anxiety?

4. What are some important considerations affecting our reaction to the death of others?

5. Why is it important to accept the thought of one's own death rather than avoid thinking or talking about it?

## Student Activities

1. Discuss your feelings about nursing homes.

2. What is your definition of death?

3. What is your opinion on maintaining life by using machines?

4. How do you feel about euthanasia (mercy killing)?